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	N. Carlotte and Ca
PLACE OF BIRTH	ARIZONA STATE BOARD OF HEALTH
County of Jela	BUREAU OF VITAL STATISTICS State Index No.
District of	RIGINAL CERTIFICATE OF BIRTH Co. Registrar's No.7-17-
Town of Meanin	Local Registrar's No.
Or City of (No.	St;Ward)
FULL NAME OF CHILD	lie Mae Cam Born YES Report on blank obtainable from local registrar. Alive 100
Sex of Child 7 Twin, Triplet / ar	Number Legitive Date of Quant / 2 191 26 Month Day Yr.
Full Name following ? a	Full MOTHER Maiden Bernice Effic Frosh
Residence //	Residence Cay to out
Color or Race Age at last / Birthday	Color or Race What Age at last Birthday Years
Birthplace	Birthplace Hery Hery, ex
Occupation The he	Occupation K
Number of child of this Mother Number of Children	n, of this mother, now living / Were precautions taken against Ophthalmia neonatorum?
CERTIFICATE	OF ATTENDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of	of the above child; and that it occurred on
*When there is no attending physician or midwife, then the householder	Signature hour E win M. N. Attending physician, midwife, householder.
should make this return.	
Given or Christian name added from a	Address Come Com
supplemental report191	Filed 8/35/1912-0 9 N Slaught
325-8/2-263	Filed A True Copy COUNTY REGISTRAR.

the number of each, in order of birth, stated. This certificate must be filed by the attending Puysacor midwife with each local Registrar within 5 days after birth.